

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026907

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 337
FILED JUN 21 1963

Primary Registration District No. 4497 Registrar's No. 8

VS 300
Rev. 4/59

1 1020

2 1020

3

4 0

5 1

6

7 0

8 0

9 260X

10

11

12 90-2

13 4-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH - a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clarence</u>		c. CITY OR TOWN <u>Clarence, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Family Home</u>		d. STREET ADDRESS (If outside, give location) <u>Clarence, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Silas</u> Last <u>Shuster</u>		4. DATE OF DEATH Month <u>March</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/8/1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Work For City</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Work For City</u>	
13a. FATHER'S NAME <u>John Shuster</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Tunner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>		17. INFORMANT Address <u>12 Edna Shuster Clarence, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Cardiac asthma</u> DUE TO (c) <u>Diabetes mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 mos.</u> <u>2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Passive Congestion of Lungs</u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8:05 P.</u> Month, Day, Year <u>March 6, 1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb 7, 1963</u> to <u>March 6, 1963</u> and last saw him alive on <u>March 6, 1963</u> Death occurred at <u>8:05 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. B. Edgington D.O.</u>		22b. ADDRESS <u>Clarence, Mo.</u>	
22c. DATE SIGNED <u>3/8/63</u>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/8/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Wood</u>	
23d. LOCATION (city, town, or county) <u>Clarence</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Greening Clarence, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-11-63</u>	
26. REGISTRAR'S SIGNATURE <u>Helen Allison</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 689

working under my personal supervision.

Student

William L. Greening
Signature of Student Embalmer

Signed

Charles V. Greening

Licensed Embalmer No.

4625

P. O. Address

Clarence Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit not obtained (NA)